

**Commission on Native Children
Regional Hearing #1
Phoenix Area Site Visit
March 12, 2020
Report**

Commission Participants

Commissioners: Anita Fineday, Don Atqaqsaq Gray, Elizabeth Morris, Melody Staebner
Staff: Joshua Franks, Tiffany Taylor, Moushumi Beltangady
Guest: Ricky White (guest of Melody Staebner, former White Earth Nation school superintendent)

Agenda

Note: a visit to the Salt River Pima-Maricopa Indian Community Way of Life Facility had been scheduled, but was canceled by the tribe due to COVID-19

8 am	Depart from Talking Stick Resort by shuttle 9800 Talking Stick Way, Scottsdale, AZ 85256
9-10:30 am	Visit with Inter-Tribal Council of Arizona 2214 N Central Ave, Phoenix, AZ 85004, https://itcaonline.com/
10:45 am-12:15 pm	Visit with Native Health Phoenix Building C, 4041 N Central Ave, Phoenix, AZ 85012, https://www.nativehealthphoenix.org/
12:30-1:15 pm	Lunch at Fry Bread House 4545 N 7th Ave, Phoenix, AZ 85013
2:15-4 pm	Visit with Gila River Indian Community Early Education Center 280 S. Ocotillo Road, Sacaton, AZ 85283, https://gricted.mygilariver.com/earlyedchildcaredevelopment.html
4 pm	Return to Talking Stick Resort by shuttle

Visit with Inter Tribal Council of Arizona (ITCA)

ITCA Participants:

- Alida Montiel, Director, Health and Human Services
- Mindy Josséfides, Women, Infants, and Children Supplemental Nutrition Program (WIC) Program
- Jared Beard, Summer EBT Nutrition Program
- Verna Johnson, Child Welfare and Tribal Child Care and Development Fund (CCDF) Programs (by phone)

Visit Overview:

- Alida Montiel provided an overview of ITCA.
 - The Inter Tribal Council of Arizona was established in 1952 to provide a united voice for tribal governments located in the State of Arizona to address common issues of concern. On July 9, 1975, the council established a private, non-profit corporation, Inter Tribal Council of Arizona, Inc. (ITCA), under the laws of the State of Arizona to promote Indian self-reliance through public policy development.
 - ITCA is a consortium of 21 Arizona tribes (all tribes except Navajo Nation) and elected tribal leaders make up the Board of Directors.
 - ITCA operates more than 30 projects and employs a staff of 70 to provide on-going technical assistance and training to tribal governments in program planning and development, research and data collection, resource development, management, and evaluation. In addition, the staff of ITCA organizes and conducts seminars, workshops, conferences and public hearings to facilitate participation of tribal leaders in the formulation of public policy at all levels. The goal of ITCA and its commitment to the member tribes is to ensure the self-determination of Indian tribal governments through their participation in the development of the policies and programs which affect their lives.
 - ITCA coordinates working groups of the administrators of various tribal programs in order to identify and address common challenges and provide technical assistance. Program areas include Aging, Environmental Quality, Health and Human Services, WIC, and Tribal Water. ITCA also operates a Tribal Epidemiology Center.
- Verna Johnson provided an overview of key issues around child welfare, including challenges with accessing good data about the number of Native children in state and tribal child welfare systems.
 - Ms. Johnson discussed the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS is the system into which state and tribal Title IV-E foster care agencies report case level information on all children in foster care and children adopted with the involvement of the state/tribal Title IV-E agency.
 - In December 2016, a rule was finalized that increased the number of data elements related to Native children that must be reported to the AFCARS. This information was intended to be collected to support better compliance with ICWA. The new data elements would have identified ICWA eligible children and made it easier for courts and agencies working with these children and their families to understand how ICWA law is being applied and make changes to policy as needed.
 - An April 23, 2019 notice of proposed rulemaking (NPRM) released by ACF would revise the 2016 rule and reduce the number of ICWA data elements required to be reported

on. The NPRM proposed removing data elements that required states to report detailed information on ICWA's requirements, including: transfer to tribal court; denial of transfer; court findings related to involuntary and voluntary termination of parental rights, including good cause findings; qualified expert witness testimony; whether active efforts were made prior to the termination/modification; removals under ICWA; available ICWA foster care/pre-adoptive placement preferences; adoption/guardianship placement preferences under ICWA; good cause and basis for good cause; and information on active efforts. These data elements asked for detailed information on ICWA's requirements, tied to Department of Interior regulations and the ICWA statute, and court actions. ACF proposed to reduce the ICWA-related data elements to information that they deemed essential for identifying nationally the population of children to whom ICWA applies. They listed the "essential" data elements to include:

- Whether the state Title IV-E agency made inquiries of whether the child is an Indian child as defined in ICWA,
 - Child's tribal membership and all federally recognized tribes that may potentially be the Indian child's tribe,
 - Whether ICWA applies for the child and the date that the state Title IV-E agency was notified by the Indian tribe or state or tribal court that ICWA applies,
 - Whether the Indian child's tribe(s) was sent legal notice in accordance with [25 U.S.C. 1912\(a\)](#), and
 - Tribal membership of mother, father, foster parents, adoptive parents, and legal guardians.
- ITCA sent a letter to ACF in response to the NPRM requesting that the 2016 data elements be retained. Ms. Johnson noted that the state of Arizona had been moving forward with implementing the 2016 final rule and it is now unclear whether they will now reduce the ICWA data elements in accordance with the 2019 ACF NPRM.
 - Ms. Johnson noted that 10% of the AZ state foster care population is Native. This does not account for the number of children receiving services in tribal foster care systems. This information is provided by tribes to BIA, but BIA says the information cannot be shared with ITCA because it has been provided to them directly by individual tribes. Ms. Johnson stated that it is very challenging to get this information and have a good idea of how many Native children are in foster care in the tribes and state.
- Ms. Johnson also discussed the Tribal Child Care and Development Fund (CCDF) program, also administered by HHS ACF. She noted that ITCA is experiencing issues related to training child care staff (there are 13 Tribal CCDF sites supported by ITCA). The CCDF legislation passed in 2014 and the final rule released in 2016 identified many topics of required training for child care providers, particularly around health and safety. Ms. Johnson noted that there is not one central point for getting Tribal CCDF staff trained; Arizona tribes are doing a hodge-podge of things to get the necessary training to meet the requirements. The state has developed a set of trainings for registered child care centers, in partnership with a community college, but these trainings are not accessible for tribes because most are not registered with the state. ITCA is trying to find ways to develop a curriculum that would be available to all Tribal CCDF programs in Arizona.
 - Ms. Johnson shared about the Workforce Investment Opportunities Act (WIOA), a job creation/placement program. The budget for tribes for funds under WIOA has been stagnant for many years even though the population has grown and cost of providing jobs has risen. This is because the Department of Labor uses outdated 2000 Census data to make decisions about how much funding will be available to tribes.

- Mindy Jossefides provided a presentation on the WIC program. The WIC program provides nutritious foods, nutrition education, and breastfeeding support to pregnant women and families with young children under 5. ITCA has been directly funded by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) as a “state agency” since 1984. Funding for services is provided to 11 Arizona tribes and one urban Indian organization under the ITCA WIC program. ITCA provides technical assistance, monitoring, benefit processing infrastructure, and other administrative support to the participating tribes. About 9,000 children are served under the ITCA WIC program. Most WIC benefits are provided to clients using EBT (Electronic Benefit Transfer), so services can be provided remotely (tribes can also provide online education and support). In 2009, USDA modified guidelines to support more nutritious foods, which has been positive. ITCA still sees the need for flexibility to provide more culturally appropriate food. Many Native foods are not sold in the stores that accept WIC. Ms. Jossefides also noted that the biggest challenge for families to access WIC benefits is transportation, as grocery stores that accept WIC may not be located close to where Native families live (especially in rural reservation communities).
- Jared Beard provided an overview of the Summer EBT program, a demonstration project from the USDA FNS that works with schools to provide WIC-type food packages to eligible children during the summer months when children may not have access to the healthy foods they would have had during the school year. ITCA is one of four agencies selected by FNS as a demonstration site to start services in May 2020. ITCA will be working with 14 schools on tribal reservations this summer and plans to add 4-5 more schools next year.

Key recommendations from the ITCA team

- Retain the AFCARS ICWA data elements, as outlined in the 2016 ACF final rule, rather than reducing them as proposed in a 2019 Notice of Proposed Rulemaking.
- Encourage BIA to release data on Native children in tribal child welfare systems so that it is available to stakeholders at the local, tribal, state, and national levels.
- Support efforts to increase access to health and safety training for tribal child care providers working in programs that are not licensed or registered by the state. Tribal CCDF programs should have access to high quality trainings that have been developed by states, as well as receive assistance and support to develop their own trainings.
- Increased funding should go to the Workforce Investment Opportunities Act program for tribes, and the method for distributing funding should use updated Census data.
- WIC requirements should allow funds to pay for more culturally appropriate foods for Native people. Tribes should also receive support to address transportation challenges that prevent Native families from accessing their WIC benefits.

Visit with Native Health Phoenix

Native Health participants:

- Walter Murillo, CEO
- Emily Nielsen Beatty, Behavioral Health Director
- Deanna Sangster, Health Services Administrator
- Jordon Begay, Community Health and Wellness Director
- Diana Dunnigan, Medical Director and Pediatrician
- Carri Chischilly, Maternal and Child Health Manager – Home Visiting
- Macy Herman, Maternal and Child Health Program
- Ember Tahy, Maternal and Child Health Manager – Project LAUNCH
- Susan Levy, Communications and Community Relations

Visit Overview:

- Walter Murillo provided an overview of Native Health Phoenix. It is a private non-profit urban Indian health organization funded under Title V of the Indian Health Care Improvement Act that has been in operation since 1978. It began providing public health nursing services and now provides a variety of primary care, dental care, and behavioral health programs, as well as community health and wellness programs addressing the social determinants of health (the economic and social conditions that influence individual and group differences in health status). Native Health is also a Federally Qualified Health Center (FQHC). Native Health's other services include home visiting, nutrition and food distribution, WIC, literacy programs, a collaboration with Arizona Department of Economic Security's Division of Benefits and Medical Eligibility, a community garden, and the Native Talk Arizona radio show. Native Health has been recognized by the National Association of Community Health Centers as one of the top three CHCs in addressing food insecurity. Native Health provides services in Downtown Phoenix as well as in Mesa, which has a large population of Native people.
- Mr. Murillo discussed the enormous needs of urban Native communities and the many barriers that prevent urban Native people from receiving services that are available to Native people living on reservations. For example, in a needs assessment that was conducted recently for Native Health's tribal home visiting program, it was discovered that only about 70 AIAN children were receiving Head Start services from all programs in the Phoenix area. This is because Region XI Head Start, which provides funding directly to tribes and tribal organizations, does not fund urban Indian organizations. Native children are therefore competing with all other children for spots in area Head Start programs, and because they are not English Language Learners, they are seen as less "at risk" in the Phoenix area and therefore cannot receive services.
- Mr. Murillo also discussed the Arizona [First Things First](#) tobacco tax initiative, which provides funds to communities to support programs for young children and their families. Once again, while funds are directly available to [federally recognized tribes](#), urban Native communities are not eligible. Organizations like Native Health therefore have to compete with other organizations in Maricopa County to receive access to funds, and have not been very successful, largely because the urban Native community is not geographically clustered in any one location in the Phoenix area. First Things First grants are provided to geographically-based communities, not demographic communities like the urban Native community.
- The Commissioners also heard from Ms. Nielsen Beatty of the Behavioral Health Department, who described the various services they provide and their partnerships with many local organizations, including Native American Connections. Behavioral health services are provided

to children age 6 and up. Most counselors are trained in Eye Movement Desensitization and Reprocessing (EMDR), a therapeutic method used with people who have experienced significant trauma. Ms. Nielsen Beatty indicated that there is a need for a bigger focus on reentry programs.

- Members of the Community Health and Wellness Department’s Maternal and Child Health programs, including Tribal Home Visiting and Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), spoke about the work they do to build parenting skills and capacity, support parents of young children, and promote healthy child development. Native Health also described plans to provide Positive Indian Parenting and Fatherhood/Motherhood is Sacred parenting classes.
- The group also shared about Native STAND (Students Together Against Negative Decisions), a program designed to help Native teenagers (aged 14-19) make better decisions about sexually transmitted diseases, peer pressure, unplanned pregnancy, drugs and alcohol, dating violence, mental health, and other important issues that impact Native youth. The national Native STAND curriculum was developed by a workgroup of leaders in the areas of reproductive health, sexually transmitted disease (STD), HIV/AIDS, youth development, curriculum development, evaluation, and Native American health issues.
- The Commissioners received a tour of the clinic from Susan Levy. They were able to see the main lobby area (including all the food distribution locations), the primary care and dental facilities, the offices of various community programs, the space that Native Health has provided (in partnership with the state) to help people search for and secure employment, and the training space available to Native Health programs (which is often used for nutrition classes). The Commissioners were very impressed with the range of services that Native Health provides and the creative ways that they have found to meet the needs of the urban Native community (including seeking out many non-traditional sources of funding and working with unexpected partners).

Key recommendations from the Native Health team

- Ensure that urban Native people and organizations have direct access to programs and funding streams available to federally recognized tribes and tribal organizations (like Head Start and AZ First Things First). A small number of federal programs (e.g., Tribal Home Visiting) allow funds to go directly to urban Indian organizations, and this should be expanded.
- Provide more support for maternal and child health and tribal home visiting programs that help parents (mothers and fathers) build skills and capacity to support children. There is a need for specific programs focused on father skills and involvement. There is also a need to consider parenting classes for youth, such as those provided in the Native STAND program.
- Ensure that behavioral health services are trauma-informed.
- Support more reentry programs for Native people vs. just incarceration.
- Consolidate accreditation requirements across the government. When agencies braid funding for programs from multiple sources, it can require two separate accreditation visits for the same program, often within the same year.

Visit with Gila River Indian Community Early Education Center

Gila River participants:

- Isaac Salcido, Director of Education, Gila River Indian Community
- Anthony Gray, Culture Coordinator

Visit Overview:

- Mr. Salcido shared about the Gila River Indian Community (GRIC). The community has 23,000 members and includes the Pima (O’Oodham) and Maricopa (Pipash) peoples. GRIC has 6,000 children in school every day in child care, Head Start, Early Head Start, Early Head Start-Child Care Partnerships, and six schools (one public elementary school, three tribally controlled schools, two mission schools). All schools on the reservation are elementary, with some including middle school; there is no high school in the community. The schools in the community receive a lot of input from GRIC elders, with two bodies providing guidance: the Elderly Concerns Group and the Council of Elders.
- Though there are no high schools on the reservations, each of the 12 local public high schools has an advisor assigned to work with Native youth. GRIC tries hard to track all tribal children in the local school systems and has seen that the graduation rate is about 60%, higher than some of the other tribes in the area. The major issues faced by the GRIC youth include truancy, the fact that half live with non-parent caregivers, crime, drug use, and suicide. There are many students in foster care and there is a Gila River Children’s Court that deals with child welfare cases.
- Mr. Salcido noted some of the needs of parents in the community and described a “visioning session” to be hosted the following week, where stakeholders would be developing a 5-year plan for addressing parenting issues, school readiness, and student achievement. They are looking at starting a “First 2,000 Days” campaign focused on the whole child.
- Mr. Salcido described a \$2 million annual tribal allocation to support higher attendance, improve staff motivation, and fund culture and language activities. The tribe wants to improve accountability around these resources.
- Mr. Salcido provided an overview of the Early Education Center, which is a 5-star program. He noted that many other early care and education programs within the community are 4-star programs. The Center was built in 2002 and opened in 2004, with many of the staff having worked there since it opened. Many community members grew up with the program. He stated that staff retention has been key to the success of the program, as has been the program’s participation in the state’s Quality Rating and Improvement System, Quality First (funded through AZ First Things First). The program is licensed by the tribe, not the state, but it participates in the state registry. The tribe’s CCDF program also funds two Family Child Care providers on the reservation, as well as about 60 off-reservation providers serving children 0-13 years of age.
- Mr. Gray discussed the tribe’s culture and language programs and noted that some of the things they would like to do can be hard to do due to regulations and building codes (e.g., making tortillas when there are fire codes). The Early Childhood Center is the only school in the community with a full time culture/language instructor, but the Head Start program also has cultural specialists. The tribe has been working on training other staff to support the integration of language and culture into the whole school system. Mr. Gray noted that a very low percentage of teachers are tribal members. He described an early literacy grant that has allowed the tribe to publish its own books.

- Mr. Salcido stated that the school facilities on the reservation are of very poor quality, out of date, and not acceptable. He shared about GRIC’s waiver from the BIE under Section 105(I) of the Indian Self Determination Act, where GRIC was able to get permission to build its own school, Gila Crossing, and then lease the school to the BIE. This is the first time that this model was used with the BIE, and now other tribes are exploring the possibility. GRIC is now in negotiations to build another school using this method and hopes to recoup all the expenses from building Gila Crossing. Mr. Salcido stated, “Our community is not like every other community, our homes are not like every other home, but the schools are the same.” The tribe feels it is important to have learning spaces built that reflect the communities and homes of the children. This applies to non-tribally-controlled schools as well. Mr. Salcido described the need to “change the narrative”, honor curiosity, and acknowledge trauma. “The community has to take some ownership,” he said.
- The Commissioners then had an opportunity to visit the Early Education Center, seeing both classrooms funded by Tribal CCDF and classrooms funded by the Early Head Start-Child Care Partnerships grant. Services are provided to children from 6 weeks to 5 years old. The center classrooms are placed around the edges of a large circle with an area in the middle that can be used for ceremony.

Key recommendations from the Gila River team

- Support early childhood programs in Native communities and ensure that efforts to improve outcomes for Native children start prenatally, looking at the “first 2,000 days” and focusing on the whole child including their parents and other caregivers.
- Ensure that culture and language can be integrated into all educational environments, and remove barriers so that tribes can conduct these activities even when there are conflicting regulations and building codes.
- Explore more opportunities for tribes to seek waivers from BIE that would allow them to construct schools and then lease them back to the BIE. This model can bring facilities up to date, but also ensure that school spaces reflect the values and culture of the community. (Section 105(I) leases of Indian Self Determination Act)
- Focus on stability of staff; staff retention supported Gila River’s success at the Early Education Center. There is a need to incorporate all tools to retain teachers, such as Student Loan Forgiveness Programs. Participation in state Quality Rating and Improvement Systems may also benefit tribal early childhood program staff.

Summary and Lessons Learned

Overall, the site visit was an excellent opportunity for Commissioners to see programs and communities and talk with key stakeholders about the issues that face Native children. It seems like it would be important to conduct similar visits in all hearing locations and ensure that as many Commissioners as possible are able to attend. The visit also suggested the importance of visiting both rural/reservation and urban sites as part of site visits, to the extent appropriate and practicable.

In the future, it might work better to only visit two locations on the site visits, one in the morning and one in the afternoon, with lunch in between. This would allow Commissioners to spend more time with hosts and have more in depth conversations – and would also make things less rushed. It was a happy surprise to be able to spend an extended time at Gila River. If we had known the Gila River would be our only visit in the afternoon ahead of time (we only found out about the cancellation of the 4th site visit late that morning), we might have arranged to do a tour of the community with Mr. Salcido and see some of the locations he described.

Another potential improvement is to provide more structure around how the Commission itself prepares for site visits. For example, the Commission could designate a “lead” Commissioner who would provide opening remarks on behalf of the Commission. Commissioners could also read materials about each of the site visit locations ahead of time, so that they could prepare questions for the sites. Ideally, questions could be sent to the sites ahead of time so they know what to address in their presentations. The sites on the Phoenix visit were well prepared to provide information that would be of interest to the Commissioners, but knowing their specific questions might have been helpful. Even if some questions are sent ahead of time, it will continue to be important to also have individual Commissioners ask questions and request recommendations on site, in response to the information that is provided.